

FEC FORM 1

ORGANIZATION

RECEIVED 2015 FEB 26 AM 11: 54 FEC MANIGO USE ONLY

NAME OF COMMITTEE (in full)	(Check if name is changed)		ple:If typing, type he lines.	12FE4M5	LYENTER
ELEVENTH CO	INGRESSI.	ONAL	$D_{I} S_{I} T_{I} R_{I} I_{I} C_{I}$	T OF M	LICIHILIGIAIN I
DEMO CRATILC	PARTY				
ADDRESS (number and street)	15.0.2 WES	TIMAL	NI STREE	<i>T</i>	
(Check if address is changed)		_ 			
	NORTHVI	LILIEI I		STATE A	8 1 6 7 - 1 52 9 ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRES	3 Ş	: ** *		•	
(Check if address is changed)	CHUCK_K	EIYISOH	O.T.M.A.L.L.	C101M111	
And the American Control of the Cont	Optional Second E-Ma			. NET	
COMMITTEE'S WEB PAGE ADD (Check if address is changed)	DRESS (URL)	HDist	RILICITIDIEIM	S C. O.M	
2. DATE 0 4 0	2 2013				•
3. FEC IDENTIFICATION NU	IMBER ▶	0054	4833		
4. IS THIS STATEMENT	NEW (N) O	R 🗓	AMENDED (A)		
I certify that I have examined the	is Statement and to the	best of my kn	owledge and belief it	is true, correct and	d complete.
Type or Print Name of Treasure	ETHYL	M. R	IVERA	- Fris	
Signature of Treasurer	Bahyl M.	Zirera		Date 0.2	20 2015
NOTE: Submission of false, errone	eous, or incomplete inform				penalties of 52 U.S.C. §30109.
Office Use Only		F	For further Information confederal Election Commission Free 800-424-9530		FEC FORM 1 (Revised 06/2012)

Local 202-694-1100

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E	CI	Form	1	(Revised	02/2009)
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3.

Ci Pi (c Ni Ci P	ame andic	date date	This committee is a principal campaign committee. (Complete the candidate information below.) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
Ni Ci	lame andid	date date	
(c) N: C: Property (d) Property	andio	date date	<u> </u>
(c) Ni Ci P			
P (d		Affiliatio	Office State Sought: House Senate President District
Ci P (d	;)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
(d	lame andid	-	
P	arty	/ Con	nmittee:
	d)		(National, State (Democratic, This committee is a or subordinate) committee of the Republican, etc.) Party.
(ө	oliti	ical A	ction Committee (PAC):
))		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a
			Corporation Corporation w/o Capital Stock Labor Organization
			Membership Organization Trade Association Cooperative
			In addition, this committee is a Lobbyist/Registrant PAC.
(f)	")		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
			In addition, this committee is a Lobbyist/Registrant PAC.
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
Jo	oint	Fund	raising Representative:
(g))		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
(h)) ·		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
		Com	mittees Participating in Joint Fundraiser
		1.	
		٠.	

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FEC ID number

1503:140:0760

Page	1

FEC Form 1 (Revised 0	2/2009)	Page 3
Write or Type Committee Name		
6. Name of Any Connected C	rganization, Affiliated Committee, Joint Fundraising Representative, or Leadership	p PAC Sponsor
1	, 	
		
Mailing Address	 	
Mailing Address		_
		, (_1 , , ,
	CITY STATE Z	IP CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative Leader	ership PAC Sponso
- ,		
Custodian of Records: Ider books and records.	tify by name, address (phone number optional) and position of the person in posse	ession of committe
Full Name TREA	I.S.U.R.E.R.	
Mailing Address		
Title or Position	CITY STATE ZI	P CODE
	Telephone number	
Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the name assistant treasurer).	e and address of
Full Name of Treasurer	'L. M. R. I.V. E.R.A.	
Mailing Address	17.0 PINE TREE RIDGE DRIVE	
	UNIT 2	
		.7]-4310 p code
Title or Position $ \boxed{ T_1 R_1 E_1 A_1 S_1 U_1 R_1 E_1 R_1 } $	Telephone number [2,4,8]-[4,6]	

1503-140-0761

1	FEC Form	n 1 (Revised 02/2009)	Page 4
	Full Name of Designated Agent	[CHUCK KEYS	
	Mailing Address	15.0.2 WEISITH MAINN STREET	
		NIDIRITIHIVILILE STATE	4,8,1,6,7]-[1,5,2,9] ZIP CODE
	Title or Position	Telephone number 12,14,4	8 - 2 3 - 5 2 0 5
).		Depositories: List all banks or other depositories in which the committee deposits fun oxes or maintains funds. Depository, etc.	ds, holds accounts, rents
	Mailing Address		
		CITY STATE	ZIP CODE
	Name of Bank,	Depository, etc.	
	Mailing Address		
			<u> </u>
		CITY STATE	ZIP CODE



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Waterford, Mi* 48327-4310

10 Pine Tree Ridge Drive

: M. Rivera

2015 FEB 26 AM 11: 54



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PREPARER

Other (Specify):

2/26/295

DATE PREPARED

(8/2013)